



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Esthetician Student/Apprentice Quarterly Report Form

Not later than the 15th day after the calendar quarter, on a form provided by the department, a school or apprentice instructor shall submit a report on each student/apprentice enrolled. This report must include the exact number of hours of theoretical and practical training completed by the student/apprentice during the previous quarter, the exact number and type of practical operations completed by the student/apprentice during the previous quarter. The quarterly report must maintain continuity from month-to-month, from the date of enrollment to the date of termination or completion of the course of instruction regardless of attendance by the student/apprentice.

PART I Student/Apprentice Information

| | | | |
|--------------------------|--|-----------------------------------|--|
| Student/Apprentice Name: | | Student/Apprentice Permit Number: | |
| School or Shop Name: | | | |
| For the Month of: | | Year: | |

PART II Hours of Attendance

| Hours of Attendance - Days of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|-----------------------------|---|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours for Current Month: | | | | | | | Total Hours for Last Month: | | | | | | | Total Hours to Date: (Current + Last Month) | | | | | | | | | | | | | | | | |

PART III Transfer Information

| | | | | | |
|--|--|-----------------|--|--------------|--|
| Number of Hours Transferred* (If Any): | | Name of School: | | | |
| Hours in Attendance: | | | | Total Hours: | |

*Refer to 12 AAC 09.135 regarding transfer of hours.

PART IV Theory Hours & Rules and Regulations

| Subject | Minimum | Hours Completed This Month/Quarter |
|--|---------|------------------------------------|
| Theory (Hours). | 40 | |
| Rules and regulations of the Alaska Board of Barbers and Hairdressers. | 5 | |

PART V Practical Operations

| Subject | Minimum Practical Operations | Practical Operations Completed This Month/Quarter |
|--|------------------------------|---|
| Manual, including skin analysis, cleansing, manipulations, packs and masks. | 60 | |
| Electrical, including the use of all electrical modalities and electrical apparatus, including dermal lights for facials and skin-care purposes. | 40 | |
| Eyebrow arching and hair removal, including the use of wax, manual or electric tweezers and depilatories for the removal of superfluous hair. | 50 | |
| Makeup, including skin analysis, complete and corrective makeup, and the application of false eyelashes. | 50 | |

PART VI Signature

| | | | |
|---|--|---------------------|--|
| I certify that the above information is true and correct to the best of my knowledge. | | | |
| Student Printed Name: | | | |
| Student Signature: | | Date Signed: | |
| Instructor Printed Name: | | | |
| Instructor Signature: | | Date Signed: | |



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Esthetician Student/Apprentice Quarterly Report Form

Not later than the 15th day after the calendar quarter, on a form provided by the department, a school or apprentice instructor shall submit a report on each student/apprentice enrolled. This report must include the exact number of hours of theoretical and practical training completed by the student/apprentice during the previous quarter, the exact number and type of practical operations completed by the student/apprentice during the previous quarter. The quarterly report must maintain continuity from month-to-month, from the date of enrollment to the date of termination or completion of the course of instruction regardless of attendance by the student/apprentice.

PART I Student/Apprentice Information

| | | | |
|--------------------------|--|-----------------------------------|--|
| Student/Apprentice Name: | | Student/Apprentice Permit Number: | |
| School or Shop Name: | | | |
| For the Month of: | | Year: | |

PART II Hours of Attendance

| Hours of Attendance - Days of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|-----------------------------|---|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours for Current Month: | | | | | | | Total Hours for Last Month: | | | | | | | Total Hours to Date: (Current + Last Month) | | | | | | | | | | | | | | | | | |

PART III Transfer Information

| | | | | | |
|--|--|-----------------|--|--------------|--|
| Number of Hours Transferred* (If Any): | | Name of School: | | | |
| Hours in Attendance: | | | | Total Hours: | |

*Refer to 12 AAC 09.135 regarding transfer of hours.

PART IV Theory Hours & Rules and Regulations

| Subject | Minimum | Hours Completed This Month/Quarter |
|--|---------|------------------------------------|
| Theory (Hours). | 40 | |
| Rules and regulations of the Alaska Board of Barbers and Hairdressers. | 5 | |

PART V Practical Operations

| Subject | Minimum Practical Operations | Practical Operations Completed This Month/Quarter |
|--|------------------------------|---|
| Manual, including skin analysis, cleansing, manipulations, packs and masks. | 60 | |
| Electrical, including the use of all electrical modalities and electrical apparatus, including dermal lights for facials and skin-care purposes. | 40 | |
| Eyebrow arching and hair removal, including the use of wax, manual or electric tweezers and depilatories for the removal of superfluous hair. | 50 | |
| Makeup, including skin analysis, complete and corrective makeup, and the application of false eyelashes. | 50 | |

PART VI Signature

| | | | |
|---|--|---------------------|--|
| I certify that the above information is true and correct to the best of my knowledge. | | | |
| Student Printed Name: | | | |
| Student Signature: | | Date Signed: | |
| Instructor Printed Name: | | | |
| Instructor Signature: | | Date Signed: | |



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Esthetician Student/Apprentice Quarterly Report Form

Not later than the 15th day after the calendar quarter, on a form provided by the department, a school or apprentice instructor shall submit a report on each student/apprentice enrolled. This report must include the exact number of hours of theoretical and practical training completed by the student/apprentice during the previous quarter, the exact number and type of practical operations completed by the student/apprentice during the previous quarter. The quarterly report must maintain continuity from month-to-month, from the date of enrollment to the date of termination or completion of the course of instruction regardless of attendance by the student/apprentice.

PART I Student/Apprentice Information

| | | | |
|--------------------------|--|-----------------------------------|--|
| Student/Apprentice Name: | | Student/Apprentice Permit Number: | |
| School or Shop Name: | | | |
| For the Month of: | | Year: | |

PART II Hours of Attendance

| Hours of Attendance - Days of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|-----------------------------|---|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours for Current Month: | | | | | | | Total Hours for Last Month: | | | | | | | Total Hours to Date: (Current + Last Month) | | | | | | | | | | | | | | | | |

PART III Transfer Information

| | | | |
|--|--|-----------------|--|
| Number of Hours Transferred* (If Any): | | Name of School: | |
| Hours in Attendance: | | Total Hours: | |

*Refer to 12 AAC 09.135 regarding transfer of hours.

PART IV Theory Hours & Rules and Regulations

| Subject | Minimum | Hours Completed This Month/Quarter |
|--|---------|------------------------------------|
| Theory (Hours). | 40 | |
| Rules and regulations of the Alaska Board of Barbers and Hairdressers. | 5 | |

PART V Practical Operations

| Subject | Minimum Practical Operations | Practical Operations Completed This Month/Quarter |
|--|------------------------------|---|
| Manual, including skin analysis, cleansing, manipulations, packs and masks. | 60 | |
| Electrical, including the use of all electrical modalities and electrical apparatus, including dermal lights for facials and skin-care purposes. | 40 | |
| Eyebrow arching and hair removal, including the use of wax, manual or electric tweezers and depilatories for the removal of superfluous hair. | 50 | |
| Makeup, including skin analysis, complete and corrective makeup, and the application of false eyelashes. | 50 | |

PART VI Signature

| | | | |
|---|--|---------------------|--|
| I certify that the above information is true and correct to the best of my knowledge. | | | |
| Student Printed Name: | | | |
| Student Signature: | | Date Signed: | |
| Instructor Printed Name: | | | |
| Instructor Signature: | | Date Signed: | |